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Copyrights, Trade Secrets,
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Intellectual Property
Legal Matters

FAX COVER SHEET

TO:

Patent and Trademark Office

FROM:

Richard A. Ryan, Esq.

DATE:

June 17, 2008

FAX #:

(571) 273-8300 (PTO Central Fax Number)

RE:

Patent Application No.: 10/792,044

Applicant: John J. Kochevar

Title: Vacuum Line Sanitization Device and Method

Attorney Docket No.: RAR112.03

Examiner: Joyner, Kevin

OF PAGES: (incl. this page)

5

MESSAGE:

Attached is a Payment of Excess Claims Fee form for the aboveidentified patent application, including a PTO Credit Card Payment Form in the amount of \$85.00 and a copy of the Notice Requiring Excess Claims Fees. Please call or email me if you have any questions or need additional information. Thank you for your assistance.

CONFIDENTIALITY NOTE

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ORIGINAL TO FOLLOW:

___ YES

XXX NO

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Practitioner's Docket No. RAR112.03

JUN 1 7 2008

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John J. Kochevar

Serial No.: 10/792,044

Group No.: 1744

Filed: 03/02/2004

Examiner: Joyner, Kevin

For: Vacuum Line Sanitization Device and Method

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

PAYMENT OF EXCESS CLAIMS FEE

I. This replies to the Notice Requiring Excess Claims Fees (PTOL-319) mailed April 17, 2009.

A copy of the Notice Requiring Excess Claims Fees is included herewith.

ADDITIONAL FEES DUE

II. Additional filing fees of \$25.00 for excess claims for a small entity is required for the above-identified patent application.

Enclosed is a check including the amount of \$25.00 for the additional filing fees.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

FACSIMILE

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the Patent and Trademark Office, facsimile # (571) 273-8300.

Datas

6/17/2008

Signature

Phone No. (559) 447-1837)

Richard A. Ryan, Reg. No. 39,014

(type or print name of person certifying)

(Response to Notice Requiring Excess Claims Fees-page 1 of

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FC:2202

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PAGE 04/05

SMALL ENTITY STATUS

JUN 1 7 2008

III. Applicant is a small entity

EXTENSION OF TIME

IV. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one (1) month:

Fee: \$60.00

TOTAL FEE DUE

V. The total fee due is:

Additional filing fee Surcharge fee (if any)	\$ 25.00 \$ 0.00
Extension fee (if any)	\$ 60.00
Total Fee Due	\$ 85 00

PAYMENT OF FEES

VI. Enclosed is a PTO Credit Card Payment Form in the amount of \$85.00.

Reg. No. 39,014

Tel. No.: (559) 447-1837

Customer No.: 29762

Richard A. Ryan

Richard A. Ryan Attorney at Law

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Fresno, CA 93720

06/17/2008 14:14 5594471042

RECEIVED CENTRAL FAX CENTERAGE 05/05

•		JUN 1 7 2008	····
	Application No.	Applicant(s)	
NOTICE REQUIRING EXCESS CLAIMS	10/792,044	KOCHEVAR, JOHN J	
FEES	COPY	Art Unit	
The excess claim(s) filed on 09 April, 2008 is not accordin 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fee three (§ 1.16(h)), each claim (whether dependent or multiple dependent claims are considered for fee calculmultiple dependent claim (§ 1.16(j)).	independent) in excess a	of twenty (note that § 1.75(c) indic	ates how
Since the application is not under a final rejection, appl. (30) DAYS from the mailing date of this notice, whiches or (2) an amendment in compliance with 37 C ABANDONMENT. Extensions of this time period may presented in a preliminary amendment.	ever is longer, to submit TED 1 121 that cancels the	he excess claim(s), in order to avoi	iđ
The funds in Deposit Account No. are insuff period set forth in this notice. See note below regard	ficient to cover the entire fing the appropriate service	ec due. The balance is due within the e charge.	time
2. The Credit Card payment to cover the entire fee due balance is due within the time period set forth in this	to Account (Card s notice. See note below re	type + last 4 digits ONLY) was refu egarding the appropriate service charg	sed. The
 The amendment that includes the excess claim(s) hat to a Deposit Account or Credit Card) the fee as indi (PTO/SB/06). Remittance or authorization is due with 	icated on the attached Pate	nt Application Les Descrimmation Res	rize charge cord
A. The fee submitted in this application is insufficient. 1.16(h)-(j) or 1.492(d)-(f)).	A balance of \$ 25.00 is di	ne for presentation of excess claims (3	7 CFR
□ 5. Other.			
Explanation (Provide specific details of the required co service charge has been added to the fee due):	orrection in order to ass	ist the applicant. Indicate whether	· a
	•		
THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CI 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DU WITH THE APPROPRIATE FEE(S) IS RECEIVED BY IS SUBJECT TO CHANGE, IT IS RECOMMENDED THA AVAILABLE ON THE USPTO'S WEBSITE AT: http://www	IE IS DETERMINED AS 7 THE OFFICE (37 CFR AT APPLICANT CHECK	6 OF THE DATE A COMPLETE R 1.8 & 1.10). BECAUSE THE AMOU THE CURRENT FEE SCHEDULE V	EPLY UNT DUE
Service Charges: There is a \$50 service charge for processing charged back by a financial institution (37 CFR 1.21(m)). The deposit account is below \$1000 at the end of the month (37 CT Technical Support Staff (TSS): /DIANE FLOYD/	here is a \$25.00 service ch	arge for each month when the balance	or e of a
Note to TSS: Please do NOT use this notice if the ap	plication is under a fu	nal rejection.	